State of Utah

GARY R. HERBERT
Governor

GREGORY S. BELL
Lieutenant Governor

Department of Human Services

LISA-MICHELE CHURCH
Executive Director

Division of Services for People with Disabilities

ALAN K. ORMSBY J.D.
Director

METRO REGION

MELODY MORGAN
Director

Date: _____

To Whom It May Concern:

The purpose of this letter is to request a diagnosis and ICD-9-CM Code for our client's application with the State of Utah, Division of Services for People with Disabilities (DSPD).

DSPD provides services for people with acquired brain injury (ABI), so they may live more independently in the community. In order to determine an individual's eligibility for our services we need their diagnosis, as well as the corresponding ICD-9-CM Code (which must be provided by a licensed physician).

Please sign the enclosed "Request for ICD-9-CM Code from a Licensed Physician" form and return it to the individual, their representative, or directly to the Division, at the address below. Your assistance in this matter is greatly appreciated.

Sincerely,

Division of Services for People with Disabilities
Attn:
1385 South State Street 2nd Floor
Salt Lake City, Utah 84115

Utah/DHS-DSPD
7/09

Form 18b

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

ABI

Request for ICD-9-CM Code from a Licensed Physician

If you have questions, please contact *between the hours of 7:00 a.m. and 6:00 p.m. Monday through Thursday.*

Physician's Name: _____
Address: _____
Telephone: _____

Patient Name: _____ DOB: _____
Address/ _____
Telephone: _____

To Whom It May Concern:

Per your request I have reviewed the medical file for: _____
(Patient's name)

It is my conclusion that the following diagnosis and ICD-9-CM Code is applicable:

Diagnosis: _____ Dated on: _____

ICD-9-CM Code: _____ Dated on: _____

If additional diagnoses and ICD-9-CM Codes apply, or for comments please list below:

_____
_____
_____
_____

Physician Name: _____
(Please print)

Physician Signature: _____ Today's date: _____

Please return this form to the individual or their representative, or mail it directly to:
Division of Services For People with Disabilities
Attn:
1385 South State Street 2nd Floor
Salt Lake City, Utah 84115